INSTRUCTIONS FOR PREPARING BIAS CRIME INCIDENT REPORT

GENERAL

This report is separate from, and in addition to, the routine Summary UCR submission. Crimes are to be reported on this form when they have been determined to have actually occurred and are *bias-motivated*, regardless of whether arrests have taken place. Refer to the Data Collection Guidelines for additional information, clarification, and explanation. Detailed federal collection guidelines, applicable to this Report, can be found on the Internet at (ICRC web page) and www.fbi.gov/uce.htm

BIAS CRIME INCIDENT REPORT: contents

- 1. Per IC 10-13-3-38 and 28 USC 534, each law enforcement agency shall collect information concerning bias-related incidents *that are crimes*. At least two times each year, a law enforcement agency shall submit information collected to the Indiana Central Repository for criminal history.
- 2. The Incident Report should identify
 - [a] the agency
 - [b] the agency ORI
 - [c] the date of the incident (if known)
 - [d] the city of incident
 - [e] the county of incident
- 3. Provide an identifying incident number, which preferably will be your "case" of "file" number.
- 4. The report should indicate if, in the opinion of the reporting individual and/ or data collectors
 - [a] bias was the primary motivation for the crime
 - [b] only incidental to the crime
- 5. The Incident Report should be used as
 - [a] an initial report of a bias-related crime

or

- [b] to supplement information in a previously reported crime
- 6. Indicate the number of offenders, if known, or indicate that the number of offenders is unknown.
- 7. Indicate the suspected offender's race, if known. If there was more than one offender, provide the race of the group as a whole.
- 8. Indicate codes for all offenses within the incident determined to be bias-related. In multiple offense incidents, report only those offenses determined to be bias-related
- 9. Indicate the victim type for each offense indentified within the bias-related incident.
- 10. Indicate the most appropriate location for each bias-related offense.
- 11. Identify if the report is based on
 - [a] an alleged crime where no charges have been filed
 - [b] charged crime with no convictions
 - [c] charged crime for which a conviction has been obtained
- 12. Indicate the bias motivation for each bias-related incident.
- 13. Indicate the number of victims for each offense.
- 14. (optional) Include on separate paper any additional comments/information you feel will add clarity to the report.



BIAS CRIME REPORT

IC 10-13-3-38 / 28 USC 534

Please submit one report per incident to:

Indiana State Police. 100 N. Senate Avenue. N 302. Indianapolis. IN 46204-2259

This report is authorized by IC 10-13-3-38 and 28 USC 534 and the Hate Crime Statistics Act, as amended (28 USC 534 note). A law enforcement agency shall collect information concerning bias crimes; and at least two (2) times each year, submit the collected information to the Indiana Central Repository for criminal history information

Reporting Agency ORI:_		Case/ Incident #					
Date of Incident(if know	/n):	Date of Report:					
City:							
If there were no bias cri	mes in this report	ing period, please check	this box:				
In the opinion of the rep	orting individual a	and/ or the data collect	ors, was the h	oias:			
	01 The	primary motivation for	the crime	02 On	ly incidental to	the crime	
Comments:							
	-	·					
	· · · · · · · · · · · · · · · · · · ·						
					-		
			<u> </u>				
		 -	1480-				
•				.,,		<u></u>	
						<u> </u>	
				4.5			
	*			······································			
· · · · · · · · · · · · · · · · · · ·						-	

BIAS CRIME INCIDENT REPORT									
Initial Adjustment ORI		Date of Incident	/ / / Month Day	Year					
Incident No.		Pageof	of Same Incident						
Uniform Code Reporting Offer UCR Code # of victims UCR #1 #4 UCR Code # of victims UCR #2 #5 UCR Code # of victims UCR #3 #6 Location (Check one for Offer) O1 Air/ Bus/ Train Terminal O2 Bank/ Savings and Loan O3 Bar/ Night Club O4 Church/ Synagogue/ Temple O5 Commercial/ Office Building O6 Construction Site O7 Convenience Store O8 Department/ Discount Store	Code # of victims Code # of victims Code # of victims Highway Hotel/ Management of the company o	Offense Code 01 Murder 02 Forcible Rape 03 Robbery 04 Aggravated Assault 05 Burglary 06 Larceny- Theft Road/ Alley/ Street 25 Other otel/ Inc. on terway ore ot/ Garage orage Facility	07 Motor Vehicle The 08 Arson 09 Simple Assault 10 Intimidation 11 Destruction/Dame						
Drug Store/ Dr.'s Office / Hospital Drug Store/ Dr.'s Office / Hospital Field/ Woods Government/ Public Building Grocery/ Supermarket	24 Specialty,			#5					
Bias Motivation (Check one for Offense #1)									
Racial 11 Anti- White 12 Anti- Black 13 Anti-American Indian/ Alaskan Native 14 Anti- Asian/ Pacific Islander 15 Anti- Multi- Racial- Group Ethnicity/ National Origin 32 Anti-Hispanic 33 Anti-Other Ethnicity/ National Specify	23 Anti-Pro 24 Anti Islan 25 Anti- Oth 26 Anti- Mu 27 Anti- Ath Sexual 41 Anti- Ma Origin 42 Anti Fem 43 Anti- Hot 44 Anti-Het 45 Anti-Het	vish 51 cholic Motivation In 52 testant Comment Field mic(Moslem) ner Religion liti-Religious Group Disability neism/ Agnosticism le Homosexual nale Homosexual (Lesbian) mosexual (Gay& Lesbian) erosexual		Enter Bias Motivation Code if Different From Offense #1 #2					
Victim Type: For each offense	The state of the s		ypes.						
Victim Type: Offense Offense Code Code #1 #2 01 Individual*	Code Code #3 #4 #5		Offense Offense Offense Code Code Code Code Code Code Code Cod	de Code Code Code					
Number of Offenders (Use "00 for Unknown")									
Suspected Offenders' Race as a Group (Check One) 1 White 3 American Indian/ Alaskan Native 5 Multi- Racial Group									
2 Black 4 Asian/ Pacific	: Islander	6 Unknown							